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FACT Project Semiannual Technical Report

Year 3, Quarters 1-2
(October 2015 – March 2016)

Institute for Reproductive Health, Georgetown University



USAID
FROM THE AMERICAN PEOPLE



Fertility Awareness
for Community
Transformation

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LIST OF ACRONYMS AND KEY PHRASES

A3	Access, Availability, and Awareness
AEI	Acholi Education Initiative
C3	Centre for Catalyzing
CBP	Community-based provision
CDO	Community Development Officer
CHW	Community health worker
COFP	Comprehensive Family Planning
CORT	Centre for Operations Research and Training
COSSS	Center for Social Sciences Studies
CPR	Contraceptive prevalence rate
CRS	Contraceptive Retail Sales
D/PHOs	District/Public Health Officers
ECCD	Early Childhood Care and Development
EDEAN	<i>Emorikinos Daadang Etogogogith Alatanakithi Ngidwe</i>
FACT Project	Fertility Awareness for Community Transformation
FAM	Fertility awareness-based methods
FCHV	Female Community Health Volunteer
FHD	Nepal Family Health Division
FP	Family planning
FPAN	Family Planning Association of Nepal
G-MEAL	Group Learning Monitoring Evaluation Assessment Learning
GOJ	Government of Jharkhand
HC3	Health Communication Capacity Collaborative
HERD	Health Research and Social Development Forum
HFOMC	Health Facility Operational Management Committee
HLFPPT	Hindustan Latex Family Planning Promotion Trust
HMIS	Health Management Information System
HSS	Health Systems Strengthening
ICFP	International Conference for Family Planning
ICRW	International Center for Research on Women
IPV	Intimate Partner Violence
IRH	Institute for Reproductive Health, Georgetown University
ISHP	Indian Society of Health Professionals
KAT	Karamoja Advisory Team
KIT	Knowledge Improvement Tool
LAM	Lactational Amenorrhea Method
LAPM	Long Acting and Permanent Methods
MEval	MEASURE Evaluation
MOH	Ministry of Health
MoHP	Ministry of Health and Population
NHEICC	National Health Education and Communication Center
NHTC	National Health Training Centre
NGO	Non-governmental organization
NURHT	New and underused RH technologies
PIP	Program Implementation Plan

PMC	Population Media Center
RANM	Roving Auxiliary Nurse Midwife
RATT	REAL Adaptation Technical Team
RBC/MCCH	Rwanda Biomedical Center Maternal Child and Community Health Unit
RE	Reproductive Empowerment
REAL	Responsible, Engaged, and Loving Fathers Initiative
RH	Reproductive Health
RHCC	Reproductive Health Coordination Committee
SDM	Standard Days Method
SMS	Short Message Service
SWOT	Strengths, Weaknesses, Opportunities and Trends
TAG	Technical Advisory Group
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VDC	Village development committee
VHT	Village Health Team
WALAN	<i>Wake ki Lago Nywal</i>
WHO	World Health Organization
YIELD	Youth Initiative for Employment and Sustainable Livelihood and Development

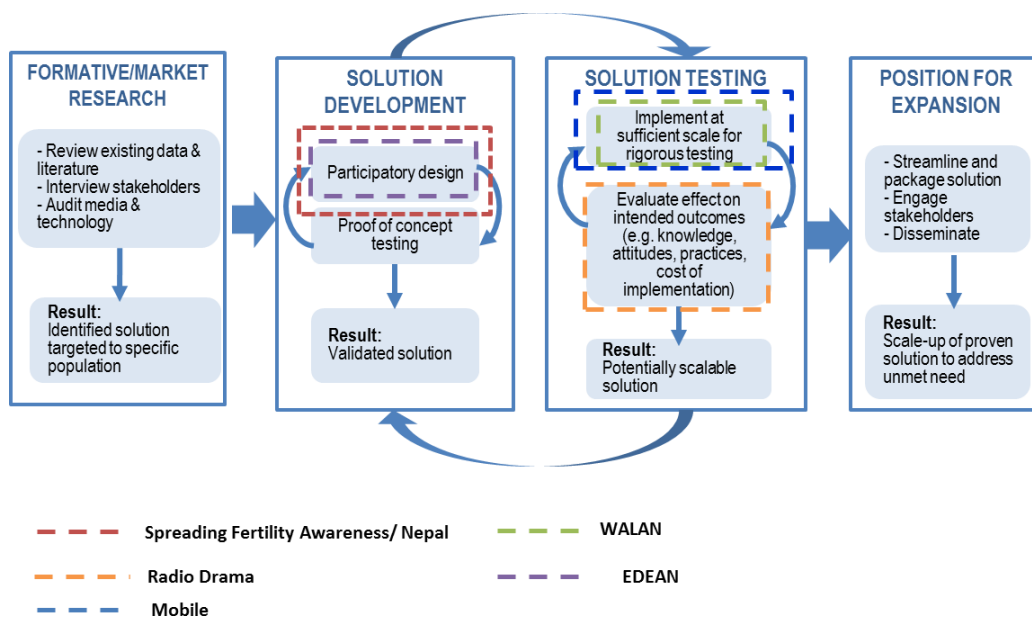
INTRODUCTION

The Fertility Awareness for Community Transformation (FACT) Project is supported by United States Agency for International Development (USAID)'s Office of Population and Reproductive Health Research, Technology, and Utilization Division. It is being implemented by Georgetown University's Institute for Reproductive Health (IRH) in partnership with the International Center for Research on Women (ICRW), Population Media Center (PMC), and Save the Children International (Save the Children).

The goal of the project is to foster an environment in which women and men can take actions to protect their reproductive health throughout the life-course. As a research, intervention, and technical assistance project, FACT is testing solutions for increasing fertility awareness to improve family planning (FP) use and expanding access to Fertility Awareness Methods (FAM) at the community level, with the goal of increasing uptake of FP and reducing unintended pregnancies. IRH and its partners employ a systematic approach to testing these hypotheses through developing and accessing innovative solutions to improve fertility awareness and expand availability of FAM. In addition to the development of validated solutions, the FACT Project also serves as a channel for IRH and partners to provide global leadership around fertility awareness and FAM. This global leadership includes, but is not limited to, technical assistance to integrate Standard Days Method (SDM) and other FAM, as well as fertility awareness, into national FP programs globally to contribute to state-of-the-practice documents by donor and international organizations such as United Nations Population Fund (UNFPA) and World Health Organization (WHO).

In FACT Project Year 3, Quarters 1 and 2, IRH and partners completed formative research for several solutions, engaged partners and stakeholders, and further developed and prototyped solution designs to fit within their respective country, cultural, and platform contexts. Solutions continue to progress steadily within the solution development cycle, as noted in Figure 1.

Figure 1: Solution Status by Solution Development Cycle Stage at the end of Quarter 2, Year 3



IRH held monthly meetings with USAID in Quarters 1 and 2 to update and discuss FACT Project strategy, progress, and challenges. IRH also continued to work closely with FACT Project gender partner ICRW, which provides technical support to ensure the integration of gender indicators and gender sensitive outcomes across FACT solutions and the solution development process. This close collaboration continued as Uganda solution teams began to further refine solutions materials and enter the proof-of-concept phase, and as the Nepal solution team began to analyze formative research data and launch the solution design process. ICRW participated in and provided technical assistance during a two-day workshop held for the EDEAN solution team and reviewed and provided technical input on solution materials, protocols, and instruments for both EDEAN and the WALAN as needed. ICRW's team also worked with IRH and Save the Children to generate client profiles based on a review of formative research findings in Nepal, and participated in the Nepal solution design workshop. In addition, ICRW provided technical feedback for the India CycleTel solution.

IR 1: DETERMINE IMPACT OF FERTILITY AWARENESS ON FP USE

Overview

Hypothesis 1 solutions progressed steadily in Quarters 1 and 2, with the Radio Drama in Rwanda completing broadcast of all 104 episodes, collecting results that suggest Impano n'Impamba has strong listenership, and collecting survey data for end line research. In Uganda, EDEAN focused on concept design and pretesting for the solution. Preparation for proof of concept testing has begun, including developing materials and monitoring and evaluation tools. In Nepal, the FACT team completed the fertility awareness formative research for all five districts. This led to the team overseeing the implementation of one training of facilitators, five solution design workshops, ten community level dissemination meetings, and two refinement workshops (for the fertility awareness solution and the Roving Auxiliary Nurse Midwives [RANM] intervention).

Radio Drama Rwanda

In Rwanda, the FACT Project is partnering with the Population Media Center (PMC), a behavior-change organization specializing in creating entertainment-education programs for TV and radio. The radio drama in Rwanda is funded by a coalition of donors and covers a variety of health topics such as FP (including fertility awareness), youth reproductive health, maternal and child health, and gender-based violence. Other funders of the radio drama are UNFPA, UNICEF, and Society for Family Health Rwanda. The program broadcast 104 episodes from October 2014 to October 2015 on two radio stations, Radio Rwanda and Radio Salus. As it relates to the FACT Project, the aim of the program is to create widespread awareness of key fertility concepts and empower the public to seek FP and use it effectively.

Key Accomplishments

Impano n'Impamba completed broadcast of 104 episodes. Broadcast of Impano n'Impamba concluded in November 2015. A total of 104 episodes were aired nationwide and included information about fertility awareness and FP.

Community-based household survey to evaluate Impano n'Impamba completed.

PMC lead a quantitative evaluation of Impano n'Impamba using a community-based survey with a sample of 1500 men and women across Rwanda. The survey instrument assessed each of the health topics addressed by the radio drama drawing largely on Demographic and Health Survey questions. IRH developed a module specific to fertility awareness to gauge the comprehension of this information among listeners. Data collection concluded in Quarter 2 of Year 3, and analysis will begin next quarter.

Qualitative assessment of the effects of Impano n'Impamba on Fertility Awareness completed.

IRH led a qualitative evaluation of Impano n'Impamba consisting of eight focus group discussions and 32 in-depth interviews with regular listeners from two districts: Gasabo and Bugesera. A small subset of interviews (eight) were conducted with monthly listener group participants. Interview and focus group guides were developed to identify the most meaningful messages from the radio drama; elicit how listeners enacted the messages into their lives; assess the relevance of the fertility awareness information; and qualify differences between listeners who participated in discussion groups and those who did not. Data collection concluded in Quarter 1 of Year 3, and analysis is currently ongoing.

Listeners have positive attitudes about FP and understand basic fertility awareness information.

Based on preliminary analysis from the qualitative study, listeners said the radio drama was relevant to their lives, and the information on FP, fertility awareness, and sexual and reproductive health was useful. They discussed Impano n'Impamba with friends, neighbors, and family members, and expressed positive views on the use of FP. Listeners recalled and understood general information related to fertile days, the menstrual cycle, and post-partum fertility, although they could not always remember or did not understand some of the more specific information. Participation in a listener group established by IRH had a considerable added value for understanding the fertility awareness and FP information in the radio drama.

Key Challenges

Coordinating a consistent research design across multiple partners. Under the FACT Project, IRH has a mandate to evaluate the serial radio drama as it relates to the project hypothesis: Increased fertility awareness improves FP use. PMC, which is leading the development and implementation of the radio serial drama and its evaluation, has an expanded mandate for their evaluation which must take into account the priorities of their other donors. The evaluation design developed by PMC also includes objectives related to another broadcast not supported by the FACT Project. This has given rise to challenges in ensuring that FACT indicators are properly integrated into PMC's study and that the study design is acceptable to both IRH and USAID.

EDEAN Uganda

Key Accomplishments

Concept Development Strategy Development Workshop

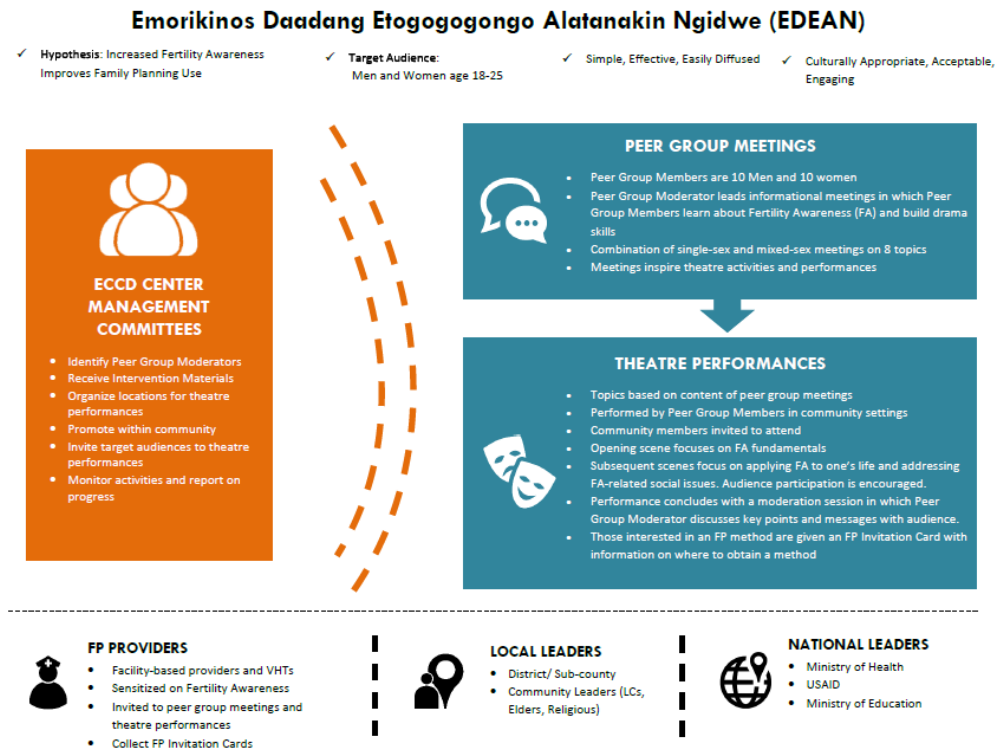
In October 2015, a three-day Strategy Development Workshop was held with key staff members from IRH, Save the Children, and ICRW Washington, DC and Uganda teams, an SBCC consultant, and a theatre consultant. The purpose of the workshop was to review and refine the solution model to ensure that it was culturally relevant, simple, and low cost enough to be scaled up later on, and would allow IRH to answer the FACT research hypothesis. The team emerged from the workshop with a revised implementation model and plan for developing and testing components of the solution.

Final Model

Aspects of the model that was designed at the Strategy Development Workshop were further refined over the following months based on the results of pre-testing activities in Uganda. The final model includes two core components: Peer Group Meetings and Community Theatre Performances (Figure 2). During the Peer Group Meetings, Peer Group Members will learn fertility awareness information during a series of single-sex and mixed-sex meetings on four topics: couple communication, menstruation, fertility, and FP. Peer Group Members will then hold community theatre performances on these fertility awareness topics to spark diffusion of information and encourage community discussions of these topics. Additional components of the model are Health Service Linkages, through which those interested in using FP will be given information about where to obtain a method, and Building a Supportive Environment, through which community leaders will be oriented to the solution and encouraged to support solution activities.

EDEAN will use Save the Children's Early Childhood Care and Development (ECCD) centers as an entry point for activities. The Center Management Committees will support EDEAN activities by organizing locations for peer meetings and theatre performances, encouraging community members to attend community theatre performances, and assisting in project monitoring. In each community, one male and one female Peer Group Moderator will be selected and trained to lead EDEAN activities with ten male and ten female Peer Group Members.

Figure 2: EDEAN Model



Materials Development

Activity Plan Development and Pre-testing

A set of eight activity plans to be followed during the Peer Group Meetings were developed. The activity plans cover four topics: couple communication, menstruation, fertility, and FP. There are two activity plans for each topic, one for single sex meetings and one for mixed sex meetings. The Activity Plans on each topic were pre-tested with different groups of community members between December and March. During the pre-testing sessions, a team of observers from IRH and Save the Children assessed whether the content was well understood and resonated culturally and whether the instructions were clear and understandable to the Moderator and participants. The Activity Plans were subsequently revised based on feedback from observers, the Moderator, and participants.

Community Theatre Performances Development and Pretesting

A set of eight theatre storylines was developed in collaboration with a theatre organization based in Karamoja. The storylines depict characters facing problems or challenges related to fertility and reproductive health, learning fertility awareness information, sharing it with others, and ultimately applying it to their lives. Three storylines were pre-tested with groups of community members in February and March. The theatre performances include "Moderation," a question and answer session with the audience to reinforce key fertility awareness messages and help ensure the audience is interpreting the information correctly. During pre-testing sessions, observers from IRH, Save the Children, and the local theatre organization attended

the performances and made adjustments to the materials based on feedback from the Moderators, participants, and audience members.

Illustrations Development

A Ugandan illustrator has developed a set of illustrations that will be used in the EDEAN materials, which consist of 1) a Manual for Peer Moderators to follow when leading Peer Meetings and directing theatre performances; 2) a Poster on each of the four topics; 3) a reminder card on each of the four topics that Peer Members will be given as a tool to use in discussing the information with other people. A subset of the illustrations were pre-tested with groups of community members in February 2016 to ensure that the intended messages are well understood by the local community, and were revised to reflect this feedback.

Research, Monitoring, and Evaluation

Research Preparations

IRH has developed a summary of research that will be conducted during the proof of concept testing phase. The objectives of the research are to 1) describe the delivery and scalability of the EDEAN community theatre intervention at the community level; 2) assess whether peer group members, audience participants and community members learn and apply accurate fertility awareness information to their lives; and 3) assess whether the EDEAN community theatre intervention can lead to an increase in FP use in participating communities. A research protocol is being developed and will be submitted to USAID, the Georgetown University IRB, and a Ugandan ethics committee in April 2016.

Developing Monitoring & Evaluation (M&E) System

In February, programmatic and M&E staff from IRH and Save the Children held a meeting to begin developing the M&E System. The results framework was updated to reflect the final solution model and monitoring needs for each component of the solution were identified. In a subsequent meeting in March, the team began developing monitoring forms and defining the mechanics of the data collection process.

Stakeholder Engagement

Advisory Team Involvement

In February, the Karamoja Advisory Team (KAT), consisting of representatives from the local government, religious organizations, health centers, and local and international NGOs that work in FP and reproductive health, met to learn about the latest developments in the model and plans for the solution. Small groups reviewed a sample of the materials that had been created to date. In March, a subcommittee of KAT members participated in an in-depth materials review session in which they reviewed the package of materials and provided technical and cultural input.

Key Challenges

Model Design

A substantial challenge in designing the EDEAN model has been developing an approach that is appropriate to and meets the unique needs of the Karamojong communities where the solution will be implemented yet will also be feasible to scale up. Very low literacy, high levels of food insecurity, and a number of other factors

relating to this conflict affected area make this particularly difficult. Community Theatre seems to be a good, culturally acceptable way to disseminate messages at the community level in Karamojong communities. However, the process of building capacity among low-literacy Peer Group Moderators and Peer Members to convey accurate fertility awareness messages through theatre performances seems to be resource intensive in terms of the training and support that will be required. During the concept development phase, aspects of the model were cut or modified in order to create a simpler, more feasible model. During the Proof of Concept phase, all steps in implementation as well as the level of effort of all involved will be documented in order to have a thorough assessment of the resources necessary to carry out this intervention and to assess feasibility for scaling it up.

Spreading Fertility Awareness – Nepal

Over the last six months, the FACT Nepal team has made significant strides in project activities. The FACT team in collaboration with Health and Social Development Forum (HERD) completed the fertility awareness formative research for all five districts. Subsequently, the team oversaw the implementation of one training of facilitators, five solution design workshops, ten community level dissemination meetings, and two refinement workshops (for the fertility awareness solution and the RANM intervention, outlined in Technical Assistance Nepal, page 25). FACT Nepal staff continued to move forward the varied activities and conducted meetings with government counterparts. They joined the Family Health Division (FHD) central level orientation to revise the Comprehensive FP (COFP) curriculum to include SDM (also described in the Technical Assistance Nepal section). They presented information gathered during district and community level meetings during an overall refinement workshop in Kathmandu. Coordination and updating of stakeholders at national and district levels continued. Over this period, USAID/Washington and USAID/Nepal also conducted visits in Nepal to monitor project activities.

Key Accomplishments

FACT Nepal formative research completed. The formative research on developing strategies to diffuse fertility awareness through community networks has been completed by HERD. Findings from the research were presented at various solution design and solution refinement workshops and were validated by communities in the five districts. These findings led to the development of five district-specific fertility awareness solutions.

Training of Facilitators and solution design workshops completed. The FACT Nepal team (DC and Nepal) held a Training of Facilitators in December 2015 in Kathmandu. It was followed by five 3-day solution design workshops: Nuwakot (December 15 – 17 2015), Pyuthan (December 23 – 25, 2015), Bajura (January 12-14, 2016), Rupandehi (January 25-27, 2016), and Siraha (February 22 -24, 2016). The workshops led to the design of five district-specific solutions based on the findings of the formative research and inputs from communities. Participants included district level officials, representatives from other national and international non-governmental organizations, hard-to-reach communities, and service providers from district hospitals.

Community level dissemination meetings held. Ten community level dissemination meetings were held after the solution design workshops in the FACT project districts (Table 1).

Table 1: Community level dissemination meetings

District	VDCs	Date	Participants	
			Male	Female
Bajura	Dahakot	February 18, 2016	23	25
	Kailashmandu	March 3, 2016	19	24
Nuwakot	Belkot	January 22, 2016	18	30
	Chaugada	January 24, 2016	14	31
Pyuthan	Hansapur	February 15, 2016	2	38
	Markawang	February 16, 2016	8	36
Rupandehi	Bagauli	February 18, 2016	25	33
	Sakraun Pakadi	February 19, 2016	29	33
Siraha	Devipur	March 1, 2016	27	37
	Mohanpur Kamalpur	March 2, 2016	26	41

During these meetings, IRH and Save the Children FACT staff presented key elements of the proposed solutions and received additional inputs from the communities. These inputs will be considered during further refinement of the solutions. Additionally, key formative research findings were also shared with participants for validation.

Solution refinement workshops held. One solution refinement workshop occurred in Chitwan on March 10–11, 2016 to review the proposed solutions from the various solution design workshops and community level dissemination meetings. During this meeting, the common and different elements of the proposed solutions were identified. Then the team designed two solutions to move forward and conducted a Strengths, Weaknesses, Opportunities and Trends (SWOT) analysis to guide implementation. Additional outputs included a solution implementation plan to guide proof of concept and dissemination activities.

Central and district level meetings coordinated. The FACT team held eight formal and informal meetings with FHD, the National Health, Education, Information, the National Health Education and Communication Center (NHEICC), the National Health Training Centre (NHTC), the Policy, Planning, International Cooperation Division (Ministry of Health and Population) and the Director General (Department of Health Services). These meetings provided the opportunity to share project progress and plan for the solution design workshops, the Facilitators training, and the planned Jharkhand study tour to East Singhbhum and Khunti, India. The FACT team also briefed the new Director of NHTC. Regular district level coordination meetings with all five District/Public Health Officers (D/PHOs) and other stakeholders continued. The meetings with D/PHOs and other stakeholders provided the opportunity to explore avenues for synergy and to avoid duplication. Finally, the FACT team held two meetings with the Reproductive Health Coordination Committee (RHCC) in Siraha and Rupandehi on December 28 and 29.

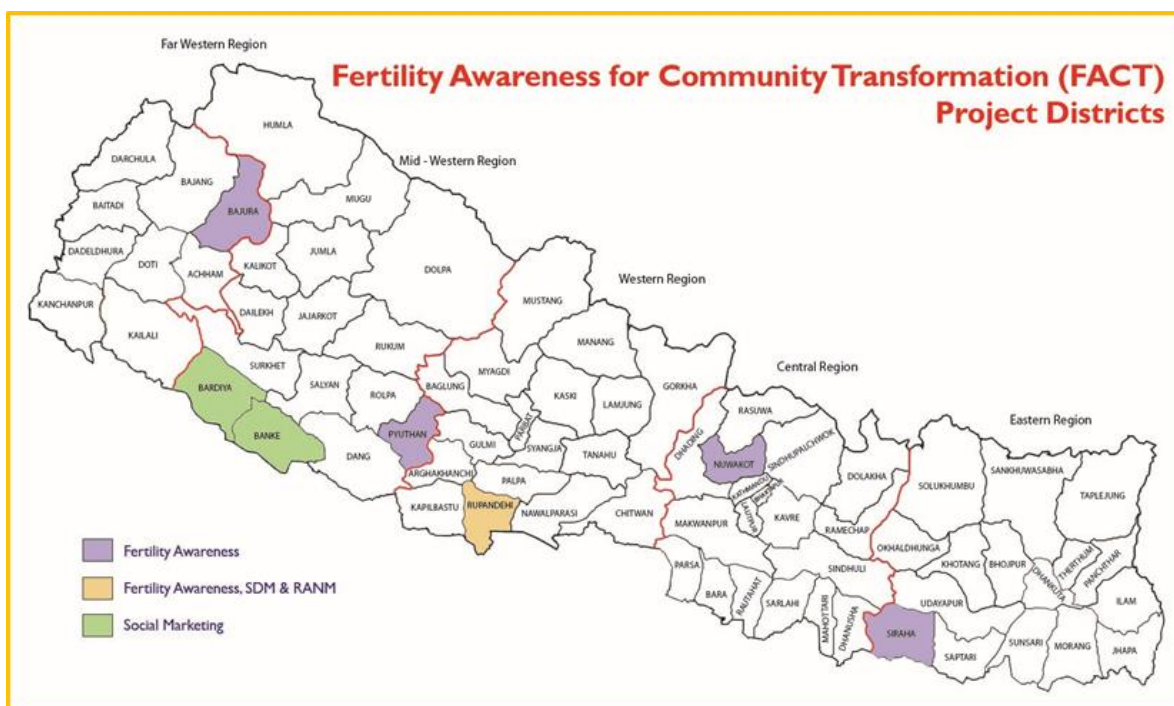
USAID coordination visits held. USAID/Nepal participated in field researchers training for the feasibility study on the social marketing of CycleBeads in Banke and Bardiya

on November 25, 2015 and in the SDM Facilitators training on December 8, 2015. Two USAID/Nepal officials participated in the solution design workshop in Bajura. One monitoring visit from USAID Washington occurred in Kathmandu on March 8, 2016. During the visit, FACT project staff provided updates on the project.

Table 2: Health facility mapping activities

Districts	VDCs	Date
Bajura	Dahakot	November 28-30
	Kailashmandu	November 29- December 2
Nuwakot	Belkot	August 25- September 16, 2015
	Chaugada	
Pyuthan	Hansapur	November 27-30
	Markawang	
Rupandehi	Bagauli	November 26-30, 2015
	Sakraun Pakadi	January 8, 2016
Siraha	Devipur	November 26-27, 2015
	Mohanpur Kamalpur	

Figure 3: Nepal Project Map



District advisory committee meeting held. District Advisory Committee (DAC) meetings were held in the five FACT project districts: Bajura (November 25) with 17 participants (five women and 12 men), Nuwakot (November 23) with 12 participants (one woman and 11 men) Pyuthan (August 7) with 14 participants (three women and 11 men), Rupandehi (September 17) with 15 participants (two women and 13 men), and Siraha (December 28) with 17 participants (three women and 14 men¹). District Advisory committees members are chosen from the existing MOH system and are comprised of nine to 11 members with respective district health officers as chairs and the Chief District Officer and the Local Development Officer as advisors. The major objectives of the meetings were to share project updates with committee members, ensure buy in, and collect constructive feedback for future implementation of the FACT solutions. In Siraha, the DAC meeting was coordinated with the HC3 project, which has ensured continued collaboration with the project and will assist with future programming in Siraha.

Key Challenges

Political instability and crisis related to fuel delayed planned activities. Political instability, strikes, and crisis related to fuel affected most of the planned activities in recent months. Many activity timelines were adjusted and alternative plans were discussed to avoid further delay. Considering these challenges, the FACT team made significant strides in moving activities ahead.

IR 2: ESTABLISH IMPACT OF INCREASED ACCESS TO FAM ON FP USE

Overview

The CycleTel Family Advice ended in August 2015, due to the shutdown of HCL's Life Tools platform. Phase 2 and 3 of the CycleTel Family Advice and CycleTel Humsafar roll out did not occur as planned. Due to the unexpected changes in the FACT CycleTel project and Year 2 work plan, IRH and the USAID FACT Management Team developed a revised and re-prioritized work plan for Year 3. The focus of the FACT mobile solution transitioned from the SMS-based services, CycleTel Family Advice and CycleTel Humasfar, to the CycleBeads app for Android smartphones. Two studies on the CycleBeads app were initiated during the reporting period. In addition, IRH's efforts on the Group Learning solution during this reporting period were directed at implementing the solution proof of concept and assessing its viability. Findings suggest that the concept for the solution is operational, effects the intended behavior changes, and is acceptable to the community members, group facilitators and stakeholders.

¹ Note that more men than women attended these meetings. This is mainly due to patriarchal social norms, including the social exclusion of women in Nepalese society.

Mobile

Key Accomplishments

Close out and Dissemination of CycleTel Family Advice Service

As described in the Year 2 annual report, the CycleTel Family Advice ended in August 2015, due to the shutdown of HCL's Life Tools platform. Phase 2 and 3 of the CycleTel Family Advice and CycleTel Humsafar roll out did not occur as planned. However, during the reporting period, data from Phase 1 was analyzed to assess the effectiveness of CycleTel Family Advice on increasing knowledge and changing attitudes and behaviors around fertility awareness and FP. A report detailing the findings from programmatic data and the pre and post-test surveys can be found in **Attachment A**.

The primary objectives of this research study were to: 1) assess whether the CycleBeads app brings new users to FP; 2) understand the experience of CycleBeads app users in India; and 3) assess how user experience varies by distribution channel.

The research addressed the questions:

- Does the CycleTel Family Advice service and its corresponding fertility awareness information improve knowledge and attitudes related to fertility awareness and FP?
- Does increased fertility awareness (via CycleTel Family Advice) lead to adoption of FP, including CycleTel Humsafar?

CycleTel Family Advice acquired 100,800 users. A pre-test survey was conducted with 305 CycleTel Family Advice users, and a post-test survey was conducted with 117 users, which, along with programmatic data, resulted in the following findings:

- Answering demographic questions was a major barrier to user registration.
- CycleTel Family Advice users ranged in age from 19 to 86, with a mean age of 32.8 years, and **the majority were male (72%)**.
- **Readership was low:** A total of 65 messages were sent over 16 weeks. Nearly half of participants surveyed read only one to five messages; 9% read none of the messages; and only 14% read more than half of the messages.
- **CycleTel Family Advice improved knowledge of the menstrual cycle** including knowing the typical length of the menstrual cycle (62% for the post-test vs. 45% for the pre-test), when the first day of the menstrual cycle is (52 vs. 35%), and when the last day of the menstrual cycle is (8 vs. 2%).
- **Some topics were more difficult:** There was a statistically significant increase in the percentage of users who knew the fertile days (15% for the post-test vs. 7% for the pre-test) or understood male fertility (26 vs. 19%), but overall knowledge remained low.
- **Users with a higher education (vs a primary education), and users who read more than 50 of the messages (vs none) had higher fertility awareness scores.** Sex, age, and participation in both the pre- and the post-test survey did not lead to higher knowledge.
- **Awareness of CycleTel Humsafar remained low:** The majority of users (72.6%) surveyed had not heard of it, although it was mentioned several times in the Family Advice messages.
- **Diffusion of FA and FP messages was low:** Only a quarter of users talked with anyone about FP (23.8%) or the information in the messages (27.4%).

- **Reported FP use was low among surveyed CycleTel Family Advice users.** Approximately half of the study population or their partners had ever used a FP method (45% for the pre-test and 50% for the post-test) and approximately one third of survey participants or their partners were currently using a FP method (36% for the pre-test, and 32% for the post-test). No significant differences were observed from the pre to the post-test, by sex or number of messages read.

These findings suggest that, while an extended SMS campaign may change knowledge on some topics, user engagement with the content was low. It also suggests that this informational campaign alone did not lead to behavior change. Future mobile interventions in India should be designed with considerations for gender dynamics surrounding cell phone ownership and use.

During this reporting period, IRH disseminated these findings in several venues. A poster titled “Fertility Awareness & Family Planning via SMS in India” was presented at the mHealth Forum in Washington, DC in November 2015 and at the SBCC Summit in Addis Ababa in February 2016. A summary was also presented at ICFP in Bali, Indonesia in January 2016, as part of a panel on Youth and Technology.

Restructuring the Mobile Solution

Due to the unexpected changes in the FACT CycleTel project and Year 2 work plan, IRH and the USAID FACT Management Team developed a revised and re-prioritized work plan for Year 3. The focus of the FACT mobile solution transitioned from the SMS-based services, CycleTel Family Advice and CycleTel Humsafar, to the CycleBeads app for Android smartphones. Two studies on the CycleBeads app were developed during the reporting period and are scheduled to begin early in Quarter 3.

CycleBeads Android App in India

In response to the rise of smartphone use in India, in Year 3, the FACT mobile solution proposed to implement a longitudinal study to learn whether distribution of the CycleBeads app in India could bring new users to FP, assess the effectiveness of different distribution channels, and understand the experience of CycleBeads app users.

The CycleBeads app will be distributed through two distribution channels: an outreach effort by Hindustan Latex Family Planning Promotion Trust (HLFPPT) in Delhi and a social media and publicity campaign, managed by Cycle Technologies. A sample of people who download the app during this four-week distribution phase will be recruited into a research study through an in-app pop-up.

The study is a longitudinal study that uses quantitative and qualitative research methods to collect information from CycleBeads app users in India at three time points over a three-month follow-up period: 1) baseline: within one to two weeks after downloading the CycleBeads app, 2) midline: approximately 45 days after downloading, and 3) endline: approximately 90 days after downloading.

One-hour in-depth interviews will also be conducted in-person with a small sample of study participants at endline. In addition to this data, Cycle Technologies will provide IRH with aggregated data analytics related to the marketing campaigns and app usage information for both the English and Hindi app in India.

The following activities associated with the CycleBeads app rollout took place during this reporting period:

- **Technical Adaptation:** From September to December, 2015 the CycleBeads Android app was translated into Hindi. The IRH India team conducted two focus groups to assess usability and several features and changes were made. The app updates which were made by Cycle Technologies, the developer of the app, also allowed for data collection and enabled the recruitment pop-up.
- **Research:** In December 2015, IRH submitted the research protocol to the Georgetown Institutional Review Board (IRB) and to the USAID FACT management team (and their external reviewers). In January, the IRH-India Officer Manager defended the research protocol in-country. By February 2016, IRH had received approval from all three reviews.
- **Social Media Marketing Campaign:** IRH partnered with Cycle Technologies to design a four to five week marketing and public relations campaign for the CycleBeads app. With support from IRH, Cycle Technologies has created ads to be distributed via Facebook and other social media, has developed a press release to be distributed at the launch of the study, and has written several blog posts, which will be released when the study begins. Cycle Technologies is prepared to launch their campaign and enable the in-app recruitment feature on April 15, 2016 and continue advertising until May 30, 2016.
- **NGO Distribution:** To implement this study, in February, IRH partnered with an NGO, HLPPT, which will train facilitators and conduct a variety of community events in order to increase awareness of the CycleBeads app. HLPPT will hold several types of meetings to reach women directly by providing the CycleBeads app, assisting with the downloading and use of the app, particularly lunch meetings at corporations, healthy baby meetings for new mothers, and health camps at facilities. They will also conduct community outreach through their community health workers and through events such as street plays and infotainment programs at malls. Providers in their local facilities will be trained to support women in using the CycleBeads app. All staff will support the use of the CycleBeads app, answer questions, and report any problems to IRH. While HLPPT will not be doing direct research recruitment, they will be fully informed of study activities. Activities will go from April 18, 2016 to May 30, 2016.

CycleBeads App Kenya and Worldwide

Under the Bill and Melinda Gates Foundation funded A3 project, IRH conducted extensive testing on distributing the CycleBeads app in Kenya. The results of that two-year project suggest that a) there is a strong demand for the CycleBeads app among Kenyan women, b) women are able to understand the CycleBeads app and SDM and use it correctly and c) distributing the CycleBeads app via Facebook is an effective and cost-efficient strategy.

Based on those findings, IRH and Cycle Technologies will scale-up distribution of the CycleBeads app via social media in Kenya. Advertising will take place entirely on Facebook, using the strategies tested during the previous project. The app will be

modified to include in-app survey questions to learn about the demographics of these users and assess their continued use and satisfaction.

This campaign will begin in Kenya and then be implemented in other countries, such as Ghana, Nigeria or the Philippines (to be determined).

During this reporting period, IRH worked with Cycle Technologies to design a protocol for this monitoring. This protocol, titled "Assessing a Social Media Campaign for the CycleBeads app in Kenya," has been drafted and will be submitted to USAID in April 2016. The app changes have been submitted to Cycle Technologies for development, a process that will take up to 12 weeks to complete.

Because user behavior was thoroughly explored during the previous research project, this effort will focus primarily on scale-up, with limited monitoring activities. As such, we are requesting to be exempted from the need for IRB approval from both Georgetown University and local IRBs. We will submit the protocol to Georgetown to confirm our assessment of the situation.

Priorities for next quarter:

In the upcoming quarter, for the CycleBeads app activity, the following items are of highest priority:

- ✓ CycleBeads app Kenya:
 - Submit the monitoring protocol to GU IRB and USAID.
 - Manage technical app changes, currently scheduled to continue until June 2016.
 - Finalize the design of the outreach and marketing strategy
 - Launch social media campaign in June and begin monitoring of CycleBeads app uptake
- ✓ Select the additional research sites for the CycleBeads app worldwide studies and implement a similar process to the one being implemented in Kenya.

CycleTel Family Advice: Social Media Campaign

In the initial restructuring phase, IRH and USAID discussed a study to assess whether fertility awareness messages could be effectively disseminated via Facebook and whether the impact of such messages could be accurately tested. During the fall of 2015, the mobile team conducted a literature review to better understand common approaches for conducting research via social media. The results of the literature review demonstrated that conducting IRB-approved research on social media is still largely an unexplored area and would be limited by difficulties of informed consent and IRB approval. While IRH may explore such a study in the future, we decided that it would not be a productive line of inquiry at this time.

Key Challenges

CycleBeads Android App in India

We experienced delays in implementation of this research study. The research protocol for the CycleBeads India app was submitted to a local IRB in India in December 2015, preceding USAID approval. The local IRB held a meeting on February 10, which was slightly later than anticipated. India Office Manager, Ramya Kancharla

attended the local IRB meeting. The IRB questioned the lack of remuneration for interviewees, since the product changes will benefit a commercial company. To respond, Cycle Technologies supplied a letter stating their commitment to making CycleBeads widely available for free, and we therefore received IRB approval on March 19, 2016. In addition, the schedule for trainings by our NGO partner, HLPPT, was pushed back by two weeks, from the week of March 21 until the week of April 11, because of holidays in India and the Population Association of America conference.

CycleBeads App Kenya and Worldwide

In drafting the CycleBeads app Kenya protocol, IRH engaged a consultant. While he provided support, due to the short timeframe and unique type of work, it required multiple rounds of drafting, ultimately placing the burden on IRH. IRH researchers who were not working on this study were able to review the protocol, but due to other commitments, the full review and finalization of the protocol was delayed and will be complete in the following quarter. Moreover, to prepare for this work, significant changes to the app will be needed, which will take around 12 weeks to complete and test. Those technological updates were placed on hold while the protocol was finalized. They have since begun, but are moving forward on a delayed timeline.

WALAN

This objective of WALAN is to test the potential for community-based facilitators to provide counseling and support to women and couples in a group (rather than individually), in order to expand access to FAM. The FACT Uganda team, in collaboration with community members and group facilitators renamed this project, *Wake ki Lago Nywal* (WALAN), translating to "Be Proud with Family Planning."

Key accomplishments

Proof of Concept Implementation

In preparation for proof of concept implementation, a packet of materials for facilitator training, community education, and FAM group counseling was tested. Input from trainers, Community Development Officers [CDOs], facilitators, program staff, and community stakeholders was gathered to guide revisions prior to pilot implementation. Additionally, tools for supervision and monitoring were tested and revised.

Proof of Concept testing

The proof of concept was completed in eight sites where eight pairs of facilitators (a woman and a man) delivered community and couple counseling sessions. The proof of concept testing phase assessed the effectiveness of the facilitators' training and the couples' ability to use FAM correctly as a result of participating in a group counseling session. The testing phase also captured rich information on implementation processes, including mobilization of the community, supervision of youth facilitators, and interactions with FP providers and community leaders. The proof of concept phased involved the following key activities:

Table 3: WALAN Proof of Concept Activities

	IMPLEMENTATION	RESEARCH AND EVALUATION
October - December 2015	<ul style="list-style-type: none"> WALAN proof of concept launch with Save the Children Training of Trainers and facilitator training Save the Children rolls out implementation of WALAN interventions: <ul style="list-style-type: none"> Eight youth facilitator pairs deliver community education sessions in FA, FP, HTSP, and LAM Youth group facilitator pairs deliver group counseling and method support sessions in SDM and TwoDay methods FP orientation for service providers in intervention sites 	<ul style="list-style-type: none"> Internal IRH and Save the Children observations of community and counseling sessions to assess group facilitator competence Research firm hired to conduct external data collection and analysis Research firm conducts 34 FAM user interviews with 17 female users and 17 male partners (nine couples) to assess correct use of FAM in November, and again in December. Submission of pilot protocol to Georgetown/IRB
January 2016	<ul style="list-style-type: none"> Save the Children finalizes implementation with sensitization sessions for community leaders 	<ul style="list-style-type: none"> Research firm conducts nine KIs (FP service providers and community leaders) Research firm conducts two FGDs with 16 group facilitators
February – March 2016	<ul style="list-style-type: none"> IRH and Save process implementation lessons from proof of concept phase 	<ul style="list-style-type: none"> Research firm conducts data analysis and submits report to IRH IRH drafts final proof of concept report Submission of pilot protocol to USAID and local TASO IRB

Proof of Concept Results

The proof of concept phase confirmed that learning about FAM in a group setting is an acceptable approach in Northern Uganda. Findings from the surveyed sample of FAM users (nine couples) confirm that couples who learn about either SDM or TwoDay Method in a group learning setting can use the method correctly. The surveyed SDM and TwoDay users also showed high levels of satisfaction, citing reasons such as: *“Easy to use; cheap; do not waste money going to hospital; no side effect; it does not cause my wife harm; easy to monitor secretions [TwoDay user], and; involves both partners.”* However, both surveyed FAM users and facilitators reported that TwoDay Method can be considered unhygienic and culturally inappropriate in some of the communities. Given these results and difficulties recruiting TwoDay Method participants, the IRH research team decided to reduce the TwoDay sample size for the forthcoming pilot study. Finally, the proof of concept phase tested the provision of group counseling sessions to couples only. However, some participants expressed the importance of providing sessions to both women

(only) and couples. This suggestion has been incorporated into the design of the pilot intervention.

Direct observations of facilitators confirmed that facilitators were conversant with the teaching materials and provided accurate information about FAM. While the facilitators actively and effectively used their job aids, they had challenges in handling off-topic questions from the participants. Additional key issues included challenges in screening for method eligibility, overwhelming community demand for FAM and group counseling sessions, and the absence of men in the follow-up method support sessions.

Priorities for next quarter:

Implementation of Pilot Phase

The pilot implementation will begin in April 2016 and carry through May 2017. Pre-implementation activities will include a training of trainers; selection and training of youth facilitators in the target districts; mapping of service sites for referrals, and community entry meetings. Implementation activities include community learning sessions on FA, HTSP/FP, and LAM; and group counseling and method support sessions on SDM and TwoDay Method delivered by the youth facilitators to women and couples.

In addition, sensitization activities for community leaders will be conducted and linkages with the health system will be established at the health center and Village Health Team (VHT) level. An orientation is planned for health workers and VHTs to review FP essentials, raise awareness about FAM, the WALAN activities, and to identify and discuss procedures for referrals. Delivery of FAM group counseling will be carried out by 12 pairs (one man and one woman) of youth facilitators from three districts during 13 months (May 2016-May 2017).

Research, Monitoring and Evaluation

Forthcoming research activities include:

- Finalize hiring of external research firm and Open Data Kit (ODK) consultant to conduct/support pilot data collection and analysis (April 2016 – April 2017)
- Revising, pretesting and translating data collection tools, and submitting necessary protocol amendments to IRBs (April – May 2016)
- Preparing study manual and analysis plan (May – June 2016)
- Training of external research firm and data collectors on FAM, ethics, recruitment, study manual and mobile data collection (July 2016)
- Beginning data collection: FAM user interviews; competency checklist; FGDs with users and facilitators; and IDIs with key stakeholders (July 2016 – March 2017)

MLE activities include:

- Finalize MLE Plan based on feedback from proof of concept testing (April 2016)
- Establish data collection procedures and system for data entry. (April 2016)
- Orient facilitators on data collection process (April 2016)
- Conduct monitoring visits to pilot sites; build capacity to use monitoring data to adjust design (May 2016 – onward)
- Hold bi-monthly meetings of Group Learning Monitoring Evaluation Assessment Learning (G-MEAL) Team to review monitoring data, identify challenges, and

make recommendations for resolving issues and modifying procedures as needed.
(May 2016 – onward)

IR 3: INCREASE RECOGNITION AND INCORPORATION OF FAM AND FERTILITY AWARENESS IN POLICIES, GUIDELINES AND PROGRAMS

Overview

The third goal of the FACT Project is to disseminate information about fertility awareness and FAM and to encourage a wide range of organizations to include them in their work. IRH continues to contribute to the ongoing conversation within the sexual and reproductive health community about fertility awareness and FAM.

Communications

Key Accomplishments

Social Media

IRH regularly engages with the sexual and reproductive health global community on social platforms, including [Facebook](#) and [Twitter](#), sharing information related to the FACT Project. We especially capitalized on relevant holidays and awareness days to tailor FAM and fertility awareness messages such as International Women's Day #PledgeforParity, Global Health Mini U (#GHMiniU16), the SBCC Summit (#SBCCSummit), the mHealth Summit (#Connect2Health) and more. IRH had a very active social media presence at the International Conference on Family Planning (#ICFP, #ICFP16, #ICFPFaith), posting regularly about our many presentations and participating in relevant conversations to create buzz around our work in fertility awareness and FAM. IRH participated in the development of a social media toolkit for the ICFP faith pre-conference as well.

[Knowyourbod.org](#)

IRH launched a new online global fertility awareness quiz at [knowyourbod.org](#). The quiz includes basic information about: the menstrual cycle, when and how pregnancy occurs, the likelihood of pregnancy from unprotected intercourse at different times during the cycle and at different life stages, the role of male fertility, and more. The quiz has been viewed/taken almost 6,000 times since December 2015, with the average user spending about five minutes on the quiz. At ICFP, we launched a global conversation using the hashtag [#KnowYourBod](#), and reached out to many partners in our community to help share the quiz. It was successful, as 49% of those who took the quiz were referred to it via a social media-related post or the hashtag #KnowYourBod.

[E-commerce for Reproductive Health Supplies](#)

IRH created a social media toolkit with suggested tweets, Facebook posts, and supportive visual collateral for partners to use to launch the case study series: "E-Commerce for Reproductive Health Supplies: Family Planning in the Digital Age." The team held a webinar on March 31, 2016; and the presentation deck and recording are available [here](#).

Celebrating 30 Years

During this period, IRH commemorated its 30th Year through social media conversations using #IRHTurns30, producing a [reflective publication](#) hosted on a digital magazine platform and rolling out a [video feature](#) about our history, the changing sexual and reproductive health field, and where we are today with the support of many partners.

Traditional Media

CycleTel Humsafar launched with a press conference in Allahabad, India on December 10, 2015. The press event, which featured the [story of Geeta in a CycleTel Humsafar video](#), earned coverage in the Hindustan Times as well as Hindi news channels Samay, India 24*7, and News Nation. To date, CycleTel Humsafar has been featured in over 20 regional publications. [Read more.](#)

In January, IRH shared a media advisory piece on the online global fertility awareness quiz at ICFP. Copies of the media advisory were available to over 50 reporters who attended the conference, and it was featured several places, including Stanford's [SCOPE Med blog](#).

Blog Posts

IRH has published, contributed to, or been featured in a number of blogs for FACT Project-related topics, including:

- It's World Contraception Day: Let's improve knowledge & informed choice | [Read](#)
- Same Same... but Different: Learning from Sustainable mHealth Innovations | [Read](#)
- Celebrating Innovation: IRH tech-for-good partner launches new app for pregnancy prevention & planning | [Read](#)
- [Media Advisory] Online Quiz: How Well Do You "Know Your Bod?" A test of fertility awareness knowledge | [Read](#)
- CycleTel Humsafar launch event in India a success | [Read](#)
- Research Director at Institute for Reproductive Health receives prestigious USAID award, featuring Dr. Lundgren's contributions to operations research, scale up and landmark scientific inquiry in the areas of fertility awareness and normative change in family planning populations | [Read](#)
- IRH contributed a cross-post to ICFP's Digital Hub blog on male engagement in FP: Essential Elements for Success: Gender Transformative Ways to Involve Men in FP Programs | [Read](#)
- IRH contributed a cross-post to ICFP's Digital Hub blog on fertility awareness: Supporting the next generation to take control of their fertility | [Read](#)

eNewsletter

Over the course of Quarters 1 and 2 during Year 3, IRH disseminated four eNewsletters to a network of over 3,000 subscribers. These newsletters included updates on FACT Project, FAM and fertility awareness.

Exhibiting at Conferences

IRH shared or exhibited FAM and fertility awareness resources at the Federation of Gynecology and Obstetrics (FIGO) World Conference (October 2015), the mHealth Summit

(November 2015), ICFP (January 2016), the SBCC Summit in Ethiopia (February 2016), and the Global Health Mini University (March 2016).

Meetings and Presentations

IRH presented at International Federation of Gynecology and Obstetrics (FIGO), on global experience using the SDM module from the FP Training Resource Package developed by the IBP Consortium and the World Health Organization.

IRH was invited to participate in a Menstrual Hygiene Management Meeting at the Bill and Melinda Gates Foundation in March 2016.

An IRH staff member presented on the FACT Radio Drama and fertility awareness at the Social and Behavior Change Communication (SBCC) Summit in Ethiopia in February.

IRH hosted a panel at the Global Health Mini University in March on "Fertility Awareness in the Digital Age," discussing fertility awareness/body literacy and the knowyourbod.org digital quiz, DOT and CycleBeads App.

In December, IRH staff member presented on an EduSeries webinar called "[Period Management: Menstruation Matters and Solutions](#)" about fertility awareness.

IRH staff attended a meeting on Georgetown's campus in October where Rwanda's Minister of Health, Dr. Agnes Binagwaho, talked about the new Sustainable Development Goals and the opportunities for university collaboration in Rwanda. IRH is honored to have had nearly 15 years of successful partnership with the Ministry of Health in Rwanda.

IRH attended and presented at an IBP meeting in December 2015 at Chemonics International, again, showcasing our experience using the FP Training Resource Package in adapting Rwanda's training curriculum to include a module on SDM provision to new users at the community level.

University Research Co.'s (URC) ASSIST Project operating in Northern Uganda requested FAM to be integrated into their FP trainings. IRH provided training materials and a small donation of CycleBeads for the participants. **Unfortunately, after the first training FAM was cut from additional trainings. The reason stated by the ASSIST Project was lack of funds.**

In addition to active digital media participation and reporter interest in IRH's work in male engagement, IRH had a total of nine panels, seven oral presentations, five posters, and three Market Place presentations at the ICFP in January 2016. Several of these presentations focus on FAM and fertility awareness. Notable presentations include:

- Market Place of Ideas: Unveiling the mysteries: Confronting our misconceptions about menstruation, fertility, sex, and family planning
- Market Place of Ideas: A family planning method that's all about you: Dynamic Optimal Timing (DOT)
- Promoting the Health of Families in Times of Transition: Considerations for Family Planning in Acholi-land and Karamoja Regions of Uganda
- Mobile phone apps and family planning: Getting from product to practice
- Method Choice from the Perspective of Clients, Providers and Programs: The Case of Including Fertility Awareness Methods

- Putting the Modern in the Reporting of SDM and LAM
- The linkages between Fertility Awareness and Family Planning Uptake: Program findings of scaling mHealth services in India
- Faith-Based Health Leadership in Africa: An Integral Part of Improving Family Planning and Reproductive Health (A Catholic perspective on expanding access to family planning: Experiences from Caritas Rwanda)
- Holistic care: How faith-based organizations are integrating family planning into development programs
- Beyond resupply: CHWs' experience offering Standard Days Method to new users in Rwanda
- Faith-Based Organizations as Partners in Family Planning: Working Together to Improve Family Well-being

An IRH staff person presented at USAID's PRH Gender CAs Meeting on previous vasectomy work.

IRH was invited to present at several up-coming events, including:

- Population Association of America 2016 Conference: IRH will present 'Menstruation, Family Planning, "Fearing Cows" and Fearing Men: How Gender Norms Influence Family Planning Uptake Among the Karamojong in Uganda', and
- American Public Health Association 2016 Conference: IRH will have two presentations: 'Sex, love, & betrayal: Effects of an entertainment-education radio serial drama on fertility awareness and family planning in Rwanda' and 'Family planning in the neighborhood: The experience of community health workers offering Standards Days Method to new users in Rwanda'.

Requests for Global Leadership and Technical Expertise

Dr. Jennings peer reviewed 'Fertility Awareness Methods,' guidance which has been published on the Faculty of Sexual & Reproductive Healthcare ([FRSH](#)) website. The guidance document provides good practice points on the use of FAM, including TwoDay, LAM, and SDM. This guidance will be used by healthcare professionals in the UK and overseas.

An IRH staff person joined the Vasectomy Working Group, led by Population Services International (PSI). Participating in this working group will help IRH keep abreast of the developments associated with men and FP, and it will keep fertility awareness concepts on the agenda of the broader FP community.

An IRH staff person was asked to review the SDM and fertility awareness Methods chapters Rwanda Ministry of Health's FP Reference Manual. We anticipate the review committee will accept the adjustments to the chapters.

The Uganda Ministry of Health asked for the FAM curriculum used in Uganda. IRH took old manuals and revised content to include FAM in three documents, and submitted proposed final content to the Ministry.

IRH and our partner in India, the Centre of Catalyzing Change (C3), were asked to review and contribute to a chapter on scaling up SDM and LAM in Jharkhand, India. The publication title is '[Innovations in Family Planning: Case Studies from India](#)' from Sage Publications. Our contributions (both edits and writing) were incorporated into the chapter that was included

in the published book. The chapter is titled "Fertility Awareness-Based Methods: Promoting SDM and LAM in Jharkhand" and members of IRH, C3 are listed as co-authors.

Technical Assistance Nepal

Key Accomplishments

Comprehensive FP (COFP)/Counseling Training Course Orientation held. IRH staff provided technical support to NHTC during a two-day COFP/Counseling Course Orientation to 17 trainers from NHTC Regional Training Centers and the FP Association of Nepal (FPAN). IRH staff facilitated a session on SDM to orient the trainers and distributed CycleBeads and SDM materials for their reference. The session included a demonstration of CycleBeads and showing the counseling video.

Consultation meetings with hard-to-reach communities and urban poor and a literature review completed. The FACT team held five consultation meetings in two proof of concept VDCs (Bagauli and Sakron Pakadi) with separate stakeholders from hard-to-reach communities (i.e. Muslim women, men, and religious leaders) to collect information regarding fertility awareness and to inform the design of the SDM integration and the RANM interventions in Rupandehi district. Findings from the consultation meetings were presented during the RANM intervention planning workshop in Rupandehi district for validation and to draft the RANM intervention plan.

Health facility mapping and assessment activities held. The FACT Team conducted health facility assessment activities in six VDCs and two municipalities² of the RANM intervention sites in Rupandehi district to describe the range of existing FP services at public health facilities in the RANM intervention areas and to understand communities' perception of FP methods and RANM services. Findings from the mapping and assessment activities informed the identification of twelve hard-to-reach communities within four selected VDCs out of six VDCs and two municipalities in Rupandehi where RANMs will be subsequently deployed.

Roving Auxiliary Nurse Midwife (RANM) intervention planning workshop. The FACT team held a one-day intervention planning workshop in Rupandehi on January 28, 2016. They presented research results from the consultation meetings, health facility mapping, formative research, and assessment activities, which were then validated by participants. An output of the workshop was a draft implementation plan of the RANM intervention, which was subsequently revised during a refinement workshop in Chitwan on March 12, 2016 at the central level with district based FACT staff.

RANM intervention refinement workshop held. The FACT team held an intervention refinement workshop on March 12, 2016 as mentioned above. In addition to a refined draft implementation plan, FACT Nepal staff defined the roles and responsibilities of RANMs, Female Community Health Volunteer (FCHVs), and the different stakeholders involved in the RANM intervention in Rupandehi district.

²VDCs: Aama, Farena, Karauta, Roinihawa, Semara Marchawar, Thumhawa Piparhawa and two municipalities Butwal sub-metropolitan and Siddharthanagar Municipality

SDM and RANM orientation guidelines for health facility staff developed. The FACT Team developed a SDM and RANM orientation guide for health facility staff as trainers of community level staff to create a supportive environment for SDM and to ensure buy in in Rupandehi district. An orientation guide for Health Facility Operation Management Committee (HFOMC) and FCHV has also been drafted.

Acceptability and willingness to pay for CycleBeads data collected. FACT Nepal staff, in coordination with a local research organization, Center for Social Sciences Studies (COSSS) carried out data collection activities on the acceptability and feasibility of CycleBeads in Banke and Bardiya. Data analysis is complete, and the FACT team is reviewing the report which will inform Contraceptive Retail Sales' (CRS) scope of work and implementation strategy in Banke and Bardiya districts.

Jharkhand Study tour planned. The IRH FACT team has organized a study tour to Jharkhand, India which will involve five government officials from the Ministry of Health and Population (MoHP) Nepal, a representative from CRS, and two FACT Nepal project staff. The principal objective of the tour is to learn about the Government of Jharkhand's experience integrating SDM in the state's FP services through observations of different program components, including training, awareness-raising, advocacy, procurement, reporting and services. Observations and information received during the tour will inform the SDM Integration in Rupandehi district.

CycleBeads for Nepal procured: CycleBeads were procured for Nepal and have been received. Next steps are to create distribution plans for the different arms of the FACT project in the selected districts.

Key challenges

A six-month strike in addition to a shortage of gasoline provided a challenging environment for the implementation of scheduled activities. The FACT team moved forward by pulling field staff into Kathmandu for training of trainer activities and deployed those staff to implement activities within their districts.

Technical Assistance to the Rwandan Ministry of Health in Community-Based Provision of Family Planning

Another activity supported by the FACT Project in Rwanda is FP service strengthening at the community level. As the radio drama is intended to increase demand for FP services, IRH, with the Rwanda Biomedical Center Maternal Child and Community Health Unit (RBC/MCCH), is supporting the implementation of the national community-based provision (CBP) of FP with community health workers (CHWs) in the Gisagara District. IRH and the RBC/MCCH are undertaking a study in tandem with CBP implementation in Gisagara to assess the competency of CHWs in FP as well as the feasibility of CHWs offering the SDM to new users.

Key Accomplishments

The study assessing community-based provision of SDM began in July 2015 and will continue through June 2016. Preliminary results are presented below.

Majority of CHWs considered competent in SDM counselling according to scores from the Knowledge Improvement Tool (KIT). An observation checklist, KIT, was used by

data collectors to observe CHWs during simulated counseling to a client based on a specific client profile and scenario. The KIT is designed with a built-in scoring mechanism for easy calculation of a competency score. Results are shown below.

Table 4: Key Counseling Messages

Key Counseling Messages	Score (N=156)
Explained who can use CycleBeads.	86.5%
Explained how CycleBeads work.	92.3%
Explained how to make sure if periods come on time.	83.3%
Explained how to manage the fertile days.	74.4%
Explained when to return to the provider about CycleBeads use.	74.4%

CHWs feel confident offering SDM in the community, and have positive views of the program. 157 CHWs were interviewed in Quarter 2 of Year 3. Selected results are shown below.

Table 5: Indicators from CHW Interview

Indicators from CHW Interview	%
CHW training and experience	
“Well prepared” to provide information on SDM to people in the community	96
“Well prepared” to counsel clients on SDM	96
Have initiated SDM with a new client	40
Attitudes on CBP of SDM	
Community is “very receptive” to SDM	57
Community is “receptive” to SDM	42
“Very important” for CHWs to continue offering SDM	83
“Important” for CHWs to continue offering SDM	17

There is strong demand for FP services at the community level. The service statistics presented here are of the number of clients CHWs' received (new users of SDM and resupply of other methods), beginning just after validation. The number of CHW reports collected each month is shown on the top row and increases overtime as more CHWs were validated and certified for service provision in their home village. Overall, many FP clients began receiving services from CHWs and continue to do so over time. For SDM, the service statistics include new users as CHWs are able to initiate clients on use of the method without visiting the health center.

Table 6: Number of Clients received by CHWs

No. of clients received by CHWs	July (n=386)	Aug (n=418)	Sept (n=454)	Oct (n=512)	Nov (n=513)	Dec (n=490)	Jan (n=504)	Feb (n=503)
Pills	302	419	504	532	580	540	521	539
Injectables	495	965	1236	1441	1380	1423	1348	1218
Condoms	24	52	50	48	50	51	51	40
SDM/ CycleBeads*	31	61	34	77	36	22	18	41
TOTAL	852	1490	1824	2098	2046	2036	1936	1838

*Clients attending services for SDM are new users. All other clients are existing users, as CHWs are not allowed to provide other materials to new users.

SDM clients are satisfied with services provided by CHWs, and they are able to use the method correctly. A sample of 210 SDM users will be interviewed during this study. Preliminary results from 99 SDM users suggest CHWs are able to provide high quality counselling in SDM to new users. Related indicators from the interviews are included below.

Table 7: Indicators from Client Interview

Indicators from Client Interview	%
Client satisfaction	
“Very satisfied” with SDM	94
“Satisfied” with SDM	3
Believed “CHWs can effectively counsel on SDM”	98
“Would recommend learning CycleBeads from a CHW to others”	99
SDM use	
Client uses SDM correctly	83
Client’s partner present during counseling	88
First time client ever used FP	34
Client discontinued use of SDM	3

Refresher orientation session on CHW tools conducted. As a result of feedback from the field that CHWs still experienced difficulty filling out FP reporting forms, a refresher orientation was conducted. Additionally, two new tools have been added by the Ministry of Health: a client follow-up form and a service protocol supporting CHWs in counselling.

Key Challenges

Maintaining strong collaboration with RBC/MCCH in leading CBP in Gisagara. IRH has been supporting the RBC/MCCH in roll out of CBP in Gisagara. This activity requires strong coordination across multiple levels (central, district, health center) and among many stakeholders. This has included arranging planning and orientation meetings, organizing all logistics for training events and printing of materials, coordinating FP supplies, and financial support among others. While IRH is playing an involved role in CBP roll out, the activity is still led by the RBC/MCCH. IRH has had some difficulty ensuring RBC/MCCH ownership of the activities at the district and central levels from a management perspective as well as a financial one. IRH seeks to be a supporting partner to the RBC/MCCH and continues to proactively include RBC/MCCH staff across various levels in decision-making and supervision.

Monitoring visits revealed occasional challenges with CHW service delivery. IRH conducted monitoring visits with CHWs in Gisagara, including attendance at routine supervision meetings at the health center. Several challenges were revealed through these monitoring visits, such as:

- Several CHWs who have been validated for service delivery have not yet started to offer FP services at the village level.
- Awareness raising via radio and other channels is needed to generate demand for FP.
- Sometimes, clients go to seek services in a neighboring village because CHWs in their area dropped out (turn over).
- Several CHWs still have difficulty accurately filling out the monthly reporting tools. Thus, a session was conducted to clarify all indicators to be reported and how to fill the forms.

Ensuring that FP commodities are available at the community level. Since community-based provision of FP commodities was new for Gisagara district, health facilities were not familiar with forecasting demand at the community level. Sufficient stock was acquired for CHWs to begin their work after being validated, but replenishing their supply proved difficult as health facilities had not ordered increased supplies from the district pharmacy to account for ongoing increases in demand. IRH and district supervisors conducted monitoring visits with CHWs and are taking steps to address the issue of stock outs in relevant facilities.

Frequent turn over at the Ministry of Health. Since initiating this technical assistance, the director of the MCCH unit in the Ministry at the central has changed twice. Authorities at the district and other lower levels have also experienced turn over. The team must continually engage in sensitization efforts to ensure stakeholders are informed of project activities and results so that support is maintained.

India

As part of the FACT Project's technical assistance activities, IRH is working through the Centre for Catalyzing Change (C3) in India to expand access to SDM and LAM in the state of Jharkhand. C3 is collaborating closely with the Government of Jharkhand (GoJ), to expand access to these methods by supporting community-based FP services. Specifically, C3 and the GoJ are building the capacity of CHWs on all FP methods including FAM, as well as raising

awareness on all methods and advocating for inclusion of FAM in norms and reporting. This technical assistance is focused on 12 of Jharkhand's 24 districts, while the GoJ would ensure the remaining 12 (supported under the FAM Project by IRH) receive refresher training activities, as needed.

In March IRH conducted a monitoring trip to Jharkhand along with partner C3 to assess the progress of activities and prepare for evaluation and dissemination activities. A trip report was shared with USAID.

Key Accomplishments

Implementation of community-based FP training strategy nearly completed in Jharkhand. As of February 2016, C3 has trained over 600 state and block-level trainers (100%) who have then trained 3,474 ANMs (81%) and 15,117 Sahiyas (73%). Training of Sahiyas are five-day events organized by the GoJ which include information on the role of Sahiyas in FP, HTSP, informed choice, and counseling on all FP methods offered Jharkhand, including SDM and LAM. Training activities are planned to be completed in May.

Monitoring and evaluation activities to assess CHW's ability to offer SDM to new users and process of integrating SDM in FP program underway. All participants are completing a pre and posttest on FP topics and all methods discussed during the training. A sample of participants will also be interviewed by C3 using the SDM Knowledge Improvement Tool (KIT) developed by IRH to assess ability to counsel on SDM correctly. In order to better understand the integration of SDM into the GoJ's FP program, focus groups are being conducted with program managers at the district level, as well as ANMs and Sahiyas at the community-level.

Additionally, Sahiyas in 20 villages in two districts will be given a greater number of CycleBeads (estimate for six months) in order to monitor SDM use when CycleBeads stock-outs are not an issue. All other Sahiyas will be given five sets of CycleBeads (amount remaining after training activities from initial IRH donation). C3 will obtain service statistics to monitor what FP and SDM uptake looks like in these villages.

CycleBeads procurement included in the District Implementation Plans of 11 of 12 districts supported by IRH and C3. C3 staff has worked with eleven of the 12 districts in Jharkhand to push for inclusion of procurement of CycleBeads by adding CycleBeads to their District Implementing Plans. District plans are sent to the GoJ for consideration in the development of the state-level Program Implementation Plan (PIP) that is sent to the Government of India for funding.

Key Challenges

The issue of procurement of CycleBeads continues to be unresolved. While district-level managers are on-board with the need for CycleBeads procurement in order to offer the SDM at the community-level, it is believed that the GoJ will not include CycleBeads in their annual PIP, regardless of the inclusion of CycleBeads in district-level PIPs.

USAID- Jordan Family Planning Program Assessment

As part of the FACT project, IRH conducted an assessment of USAID/Jordan's FP contributions between October 2015 and March 2016. The assessment explored reasons for fertility stagnation in Jordan and USAID/J FP contribution over the last decade. Specifically, information gathered aimed to answer the three assessment research questions:

1. What are the reasons – including supply and demand factors – for TFR and mCPR stagnation in Jordan?
2. How effective have USAID-J's inputs and programming been on increasing FP uptake?
3. What should guide USAID-J's strategy going forward?

The assessment team included several staff members from IRH in the US, a Jordanian-based consultant with extensive experience with FP programs in Jordan, and a US-based consultant with expertise in evaluating reproductive health programs.

Key Accomplishments

Completion of desk review and key informant interviews in Washington, D.C. and Jordan. Provided a systematic review of USAID programming in FP. The IRH team implemented an extensive desk review of over 83 USAID-programming related documents and conducted 69 key informant interviews with 168 participants both in Jordan and Washington, D.C. In addition, other literature and studies related to TFR theoretical frameworks and the Jordanian context were reviewed and included in the assessment.

Table 8: Desk Review, by programmatic sources	
Desk Review Sources	Number Documents
End of project reports	19
Other project reports	11
Studies and external evaluations	42
Briefs	11
Total	83

Table 9: Interview Participants, by group category	
Interview Group	Number Interviews
Central MOH Officials	11
Regional and Other MOH Officials	17
Private Sector Employees	6
Other Government Employees	10
Donor Employees	6
International Experts	9
USAID Project Contractors	10
Total	69

Submission of a preliminary results brief, final report and presentation of key findings (see Attachment B for final report). The IRH team presented preliminary results and report of the key informant interviews and desk review to the USAID/Jordan team during a January 2016 trip to Jordan. A final presentation of assessment findings was presented to USAID/J on March 23, 2016 and the final report was submitted to the mission on April 1.

The results from this assessment show that *contraceptive effectiveness*, rather than contraceptive use, is a key determinant of fertility stagnation in Jordan. Jordan provides a context where FP access and use are relatively high, but the diversity of methods used by women is low and has shifted towards less effective methods such as withdrawal. In Jordan, indirect determinants of fertility, such as strong social norms around family size and son preference, lack of women in the workforce, in addition to word of mouth around contraception and side effects, all play a key role in determining contraception use, dis/continuation, and switching. The stagnation of TFR and mCPR pre-dates the influx of Syrian refugees, and the assessment cannot determine whether this has had or will have an effect on Jordan's TFR.

The assessment findings show that USAID's investment in health systems strengthening over the last decade has increased access to and use of FP services. Programmatic investment beyond Health Systems Strengthening (HSS) approaches was comparatively minimal. However, this investment has not necessarily translated into improved contraceptive effectiveness, identified above as a key determinant of fertility. As a result, the HSS approach may not be sufficiently address contraceptive effectiveness. Social and behavioral norms such expectations of fertility and family size on the part of clients, their families and providers should be addressed. For instance, while the HSS approach contributed to increased FP use, its effect on reducing method discontinuation and provider bias was weak. Despite USAID/Jordan's sizable contributions in FP over the last 20 years, political and financial commitment from the Jordanian government remains verbal, at best. The lack of government commitment and financial ownership over Jordan's FP program is a key barrier in ensuring that effective pilot projects such as HSS II Bridge and are scaled up and sustained after USAID funding ends.

Key Challenges

The absence of current DHS data or other national level TFR and CPR data was a challenge. The immigration of people from neighboring countries can negatively impact the Jordanian health infrastructure. However, in light of limited/nonexistent national-level assessments, the impact of those movements cannot be quantified accurately. Biases presented another challenge as interviewees are typically biased toward more recent experiences of USAID projects, rather than older projects. Similarly, USAID end-of-project reports tend to bias positive outputs related to key milestones and successes. Programmatic activities that were less successful are often not reflected. To control for these biases, the study team used multiple data sources, including study briefs and external evaluations whenever available.

OTHER ACTIVITIES

Responsible, Engaged, and Loving (REAL) Fathers Initiative Integration

The goal of REAL Fathers Initiative Integration is to develop costed approaches for integrating a tested male-focused intimate partner violence (IPV) prevention effort in livelihoods and early child development programs. IRH and Save the Children propose to develop and pilot two models to integrate REAL into 1) early child development programs and 2) livelihoods initiatives (including vocational training and savings groups), thus laying the groundwork for wide-spread scale-up of male-focused IPV prevention throughout Uganda. Data will be collected on effect of the integrated intervention, the scalability, and cost of these approaches. Integration will take place through the Youth Initiative for Employment and Sustainable Livelihood and Development (YIELD) in Northern region and the Early Childhood Care and Development (ECCD) centers in Karamoja region.

Key Accomplishments

Cohort 1 Baseline Data Collection

Research assistants in both Northern and Karamoja regions conducted the baseline data collection for Cohort 1 young fathers. Data collectors were given background on the REAL Fathers Initiative, and were trained on how to conduct a survey via tablets. The research assistants interviewed 606 young fathers.

Cohort 1 Implementation Start Up

Cohort 1 implementation activities began in both the Northern and Karamoja regions. Introductory meetings were conducted with district and sub country government officials and community members.

In both regions, meetings were held with YEILD and ECCD group executives to orient leaders on the REAL Fathers Initiative and identify potentially eligible young fathers to participate in the Initiative. Six hundred and six eligible young-fathers were enrolled in the project, representing Cohort 1 intervention and control groups. Introductory meetings were held with young fathers, wives, and potential mentors to ensure clear communication of REAL Fathers activities and goals with the young fathers' wives, and to select mentors.

Conducted the Training of Trainers

Young fathers selected mentors in both regions. The mentors participated in a 5-day introductory mentors training, covering mentoring sessions 1-3, and the monitoring tools.

REAL Adaptation Technical Team (RATT) Start Up

The RATT is an amalgamated technical group responsible for advising and supporting the adaptation and integration of the REAL Fathers Initiative into ongoing cross sector programming. The RATT members provide expert guidance on the adaptation and integration process overall, and support coordination and advocacy efforts, identify challenges and develop solutions for improving the expansion and integration of the REAL Father's Initiative. The RATT was established within the REAL Fathers Initiative and is responsible for guiding the integration processes of the project in both Northern and Karamoja regions.

The RATT group will specifically advise the REAL Fathers Initiative study team on the:

- Coordination and advocacy in support of REAL Fathers Initiative sustainability
- Technical aspects of monitoring and evaluation, and program adaptation and implementation
- Strengthening partner and project linkages
- Identify, and develop solutions to, emerging challenges or opportunities for REAL integration and sustainability

The RATT is comprised of members from IRH, Save the Children, YEILD and ECCD programs, Uganda Health and Education Departments, District Community Services Officers, Probation Officers, Gender Officers, and Police in the Child Protection Unit from the project districts.

Dissemination

The REAL Fathers Initiative activities were disseminated through a variety of channels in the past two quarters. A short four-page brief of the REAL pilot results was drafted. The purpose of the brief is to disseminate the results of the pilot to local policy makers; national, regional and district level government officials and implementers; and donors. The brief will include text, simple graphs, and figures to present the highlights of the analysis. REAL Fathers Initiative was represented at ICFP 2016 with a poster entitled *The Making of REAL Fathers, Involving Men in Violence Prevention*. IRH worked with USAID to disseminate information about REAL scale up published on the USAID website as, *Learning How to be REAL Fathers and Husbands*.

In April, IRH and Save the Children will co-present on the REAL Fathers pilot results during the National Child Protection Working Group meeting. The National Child Protection Working Group is under the auspices of the Ministry of Gender, Labor and Social Development. The presentation will be part of a full day seminar devoted to information sharing of programs and interventions addressing child protection in Uganda.

Key Challenges

Literacy Rates among Potential Mentors in Karamoja

The implementation team has found that the current mentor training curriculum for the Karamoja region will have to be revised because approximately 98% of the identified mentors cannot read or write. Currently, all mentor training materials use text as opposed to pictures. The program team will have to modify the mentor monitoring tools, which are forms completed by mentors after each mentoring session. The forms are text-based and require numeracy and literacy skills.

ECCD Centers

Many of the ECCD centers have not been well-funded and seem to be only semi-functioning. Most of the centers do not have physical structures but are clearings outside that are kept clean to provide a space for children and caregivers to gather for ECCD activities. Based on our Cohort 1 baseline data, 77% of men surveyed said that the ECCD center near their home has never had food available. A nutrition program is one of the key components in the ECCD center programming.

Reproductive Empowerment

Key Accomplishments

ICRW launched work on operationalizing the definition and measurement of Reproductive Empowerment (RE). In October, ICRW took part in a kick-off meeting with USAID and IRH to discuss the scope of the RE activity. ICRW coordinated with MEASURE Evaluation (MEval) to take the activity forward, holding several conference calls to align RE activities at the request of the USAID/FACT management team and PRH gender team, who asked that ICRW work closely with MEval to collaborate on the desk review, conceptual model, and potential measures.

In coordination with MEval, work on the literature review was officially launched in November continuing into December. During the first two months of coordination, ICRW and MEval took part in three successful meetings to organize each team and begin developing an initial literature search strategy to inform the operationalization of RE and development of RE measures. In January, ICRW reviewed seminal works related to RE, developed a draft conceptual framework, and worked with MEval to prepare a presentation on their joint RE work to date at the PRH Gender CAs meeting. After the meeting, the search strategy was finalized and preliminary searches began in preparation for the title review and abstraction processes. Articles are being collected based on specific criteria and compiled into a shared database. Both teams are currently working to complete the title review and undertake article abstraction with the aim of finalizing a comprehensive list by mid-April and finalize abstraction by the end of May.

Key Challenges

Contracting was not finalized between IRH and ICRW until the middle of November 2015. This delayed progress on the activity in the first six weeks of the quarter.

USAID/PRH had funded an activity that was similar in nature to the reproductive empowerment activity. In close consultation with USAID, ICRW is collaborating with MEval to ensure complementarity of activities. To address this challenge, ICRW and MEval are holding meetings every few weeks to ensure efficient coordination and harmonization of progress, activities, and outcomes.

E-Commerce and Reproductive Health Supplies (RHSC project)

Key Accomplishments

Case Study Research and Finalization

In Year 3 of FACT, IRH received supplementary funding to support the Reproductive Health (RH) and e-commerce research project funded primarily by the Reproductive Health Supplies Coalition's Innovation Fund Grant. The research project explores the current context and future implications of RH supplies in an e-commerce age, highlighting both opportunities and challenges that lie ahead. The report is structured around seven case studies. Each case study focused either on one specific country (India, Kenya, Mexico, and the United States) or one new and underused RH technology (emergency contraception, female condoms, and SDM). Accompanied with the case studies is an overview report which ties the case findings together.

The desk review, stakeholder interviews, and analysis were completed in the fall of 2015. Throughout the fall, IRH had regular email exchanges or calls with the partners to discuss advancements and challenges in their respective analysis reports and stakeholder interviews and to provide strategic support in their endeavors. IRH, partners and editors completed several rounds of revisions for all of the case studies for content and clarity.

By February and March 2016, the overview report and case studies moved into full design stage (see Figure 4). Both digital and print copies of all reports were produced. The report includes:

- A review of the research project; methodology, approach, and research questions
- A high-level background section devoted to drawing out the global relevance of this project, the link to FP2020 goals
- An analysis on the main findings including the cross-case enabling and barrier factors
- A brief overview of the individual case studies – drawing out the relevant highlights
- Conclusions – including future implications and possible areas for research

Dissemination

IRH presented the initial findings of this project in October 2015 at the RHSC 16th Annual Membership Meeting through a pre-formed panel on e-commerce portals together with the organization Pregna. In addition, the IRH team presented a brief overview of the research results during the new and underused RH technologies (NURHT) caucus session. Both presentations were well-received and generated additional discussion

Figure 4: Overview Report Designed Cover Page



and insights from the audience which were taken into consideration while drafting the case studies.

The project webinar on March 31, 2016, titled “E-commerce for Reproductive Health Supplies: Family Planning in the Digital Age,” marked the culmination of dissemination efforts. The case study series was launched during the webinar and will be housed both on RHSC’s and on the IRH website³.

Figure 5: Webinar Invitation – circulated across networks in March, 2016.



The reports have been shared through other identified networks, list serves, and communities of practice for further dissemination. In addition, IRH partners are sharing the case study series through their networks.

The webinar had over 40% attendance out of registrants: some 70 people attended the webinar.

The webinar was grounded on the major cross-case findings, and provided a high-level review for webinar attendees. A RHSC representative presented an introduction to RHSC, the NURHTs Caucus, and the Innovation Fund. All but one case study partners attended to present the highlights of their work. Each partner

presented a major finding in their case (related to the cross-case themes/findings). The presentation ended with a discussion on the areas of future research that this examination uncovered and a brief Q&A session. IRH plans to continue to work with USAID, RHSC and partners to further disseminate the webinar and final cases and overview report.

Key Challenges

Coordinating across numerous partners was a challenging, but ultimately rewarding task. Partners differed widely in the information they provided, and in the categorization of information they found (although they were following the guidelines created at the beginning of the project). Working closely with the partners during a mid-project review, IRH was able to develop a framework for cross-case comparison to assess the content shared in the first drafts. As a result, IRH was able to provide both structural and content-related comments to partners that reflected the major themes tying the project together, ultimately, leading to stronger final products.

³ See: <http://irh.org/e-commerce-for-rh-supplies-case-studies/>

In addition, though IRH was able to consult expert editors for this project, significant cross-analysis and editing were needed to develop findings and documents that would be useful to the RH/FP community. As a result, more staff time was required to roll out the finalization of the case study series and overview report from design through dissemination than originally anticipated.

Couples Communication Toolkit

IRH is working to develop and disseminate a gender-equitable couples' education and counseling toolkit. In the first phase of this initiative, IRH is identifying recent SRH interventions (e.g. FP, HIV prevention, maternal and child health) and their materials/tools for provider-delivered, gender-equitable couple education and counseling in various service settings (e.g. community-based distribution, facility-based services). The identified interventions will be analyzed in a literature review, which will examine the key approaches and messages used in effective interventions and the role of intervention materials and tools in the approach. The literature review will inform the development of the toolkit, which will highlight promising approaches for counseling couples on FP. The toolkit will be disseminated and revised in a technical consultation with program implementers in the field of couple counseling on sexual and reproductive health topics.

In the second phase of this initiative, the toolkit will be tested in collaboration with a service delivery partner in an existing IRH program site. The testing of the toolkit will focus on its feasibility and acceptability. IRH will prepare a report on findings and recommendations for testing.

Key Accomplishments

Identification of over 50 interventions that work with couples on SRH topics. Over 50 recent interventions on topics ranging from couple counseling on FP to HIV prevention and abortion have been identified in mostly peer-reviewed journal articles. Articles have been included in a matrix in order to analyze intervention details, such as target population, key approaches, gender considerations, evaluation design, results, and materials/tools used. The majority of interventions are in the areas of FP and HIV prevention; most interventions were implemented in Africa and Asia.

Key Challenges

Due to time restrictions the list of interventions may not include interventions recently implemented but not yet published or other interventions not disseminated widely. Additionally, identified interventions were not always well described in the literature in relation to tools used, length of intervention, and training for facilitators, which will limit the analysis of some intervention approaches.

Dynamic Optimal Timing (DOT)

Dynamic Optimal Timing (DOT) is a new iteration of SDM, designed to accommodate women with menstrual cycles between 20 and 40 days long (compared to 26-32 days cycles covered by SDM), provide higher efficacy, and "personalize" the identified fertile window. Just prior to this reporting period, the DOT analysis was completed (sponsored by Cycle Technologies, and conducted by researchers from Duke University and Max Planck Institute), and the [Dot app](#) was developed for iPhones. (Because of the dynamic nature of DOT, it can only be used

through an app or other digital technology, as constant updating is needed to personalize the calculation of the fertile days.) The DOT analysis journal article establishing the algorithm and theoretical efficacy was completed in January and will be published in the European Journal of Family Planning and Reproductive Health in mid-2016.

During this reporting period, IRH, along with Cycle Technologies and HITLab (a technology management consulting firm) has prepared to conduct an efficacy study of DOT. The purpose of the Dot Efficacy Study is to determine the efficacy and effectiveness of the DOT algorithm as used via the mobile app Dot. The use of mobile phones for FP is novel, and women's ability to understand and use the app is unknown. Thus, the study will also explore usability and assess acceptability of a mobile phone app to support use of this FP method based on fertility awareness.

Key Accomplishments

Protocol Development

The Dot protocol development team drafted a protocol for conducting the efficacy study and invited experts in FAM efficacy studies, USAID, Cycle Technologies and HITLab to a technical review meeting in December 2015. Several rounds of revisions were made to the protocol, all study instruments were developed, and flow charts graphically depicting the user experience and study design were prepared. The team then met with FHI360 staff (with various types of related expertise) and USAID to review the penultimate version of the protocol. The protocol was completed and submitted to the Georgetown IRB for April review. It also has been submitted to USAID for review. In anticipation of approval by both the IRB and USAID, the study is scheduled to launch in June.

Key Challenges

Technology issues have been the most significant challenges. To conduct the study, not only does the app itself need to be prepared for Android phones (only women who use it via Android will be recruited for the study), but the entire research module needs to be developed in a technology format that will "overlay" the app. Women who download the app and meet study criteria will be recruited into the study via pop up in the app, and they will enter data and otherwise interact with the app and research module via pop ups and push notifications. In addition, a call center (which will need to have the appropriate technology interface, staffing, etc.) will need to be engaged. Georgetown University's IT infrastructure needs to be accessed, and HITLab needs to have the appropriate resources to develop and manage the software components of the study. Most of February and March 2015 were dedicated to resolving these issues. A meeting is scheduled for mid-April to make final decisions so technology development can begin.